NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 443 N. P. File # 1104

Date: 11/1/74 (MONTH / DAY / YEAR)

Time alarm received 9:57 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 10:02 P M

Alarm received by: Box # ____ Phone XX Other ____ (Describe)

Location of alarm: (Street and Number) SMITH ST. ST. ALBANS CHURCH

Cause of fire SET

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
XX ☐ Miscellaneous fires (describe) LEAVES		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #1. Ladder(s) ____ Rescue(s) ____ Car: ____

Other companies responding: ____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO		
CAPT. J. MURPHY		
P. RUGGIANO		
E. PELLAND		
D. FORTIN		
T. PERNA		

VEHICLE	STATION	ON SCENE

REMARKS: LEAVES ON SIDEWALK, FRONT OF CHURCH. PUT OUT BY PEOPLE LIVING ACROSS THE STREET. OUT ON ARRIVEL.

E. Di Giulio

SIGNED BY:

CHIEF E. DI GIULIO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 444 N. P. File # 1105

Date: 11/1/74
MONTH DAY YEAR

Time alarm received 10:51 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 10:57 P M

Alarm received by: Box # 6413 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) CENTRAL AVE.

Cause of fire CODE BLUE

Description of building or occupancy: JAMES L. McGUIRE SCHOOL

Owner of building or occupancy: TOWN OF NORTH PROVIDENCE

Owner's address: 2008 SMITH ST

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	XX ☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #7, 1, 3. Ladder(s) #1, 2. Rescue(s) ____ Car: ____

Other companies responding: ____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO		
P. RUGGIANO		
E. PELLAND		
D. FORTIN		

VEHICLE	STATION	ON SCENE
	T. PERNA	
	CAPT. J. MURPHY	
	P. TREMENTOZZI	

REMARKS: CODE BLUE FROM ENG.#7.

SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 445 N. P. File # 1106

Date: 11/2/74 (MONTH / DAY / YEAR)

Time alarm received 10:27 A M Number of miles traveled 3

Time back in service ____ M

Time back at station 10:35 A M

Alarm received by: Box # ____ Phone XX Other ____ (Describe)

Location of alarm: (Street and Number) HIGH SERVICE AVE.

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	XX Code Yellow	☐ Water emergency
XX ☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #1. Ladder(s) ____ Rescue(s) ____ Car: ____

Other companies responding: ____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
H. DARBY		
D. BAZZLE		
T. RUSSO		
R. PARENTEAU		
W. DRAPER		

VEHICLE	STATION	ON SCENE

REMARKS: GRASS OUT ON ARRIVAL.

SPECIAL SIGNAL FOR ENG.#1. ENG.#7 OUT OF SERVICE.

B. Wm Giulio
SIGNED BY:

H.DARBY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 446 N. P. File # 1111

Date: 11/3/74 (MONTH / DAY / YEAR)

Time alarm received 1:05 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 1:14 P M

Alarm received by: Box # ____ Phone XX Other ____ (Describe)

Location of alarm: (Street and Number) JACKSONA DR.

Cause of fire SET

Description of building or occupancy: ____

Owner of building or occupancy: RONALD DEBELLIS

Owner's address: SAME

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☒ XX Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☒ XX Miscellaneous fires (describe) LEAVES		

	EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose		SALVAGE COVERS
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #1. Ladder(s) ____ Rescue(s) ____ Car: #78

Other companies responding: ____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. F. BURSIE		
W. ROY		
T. PERNA		
D. BAZZLE		
N. PHELAND		

VEHICLE	STATION	ON SCENE
	P. TREMENTOZZI	

REMARKS: OPEN BURNING

E. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 447 N. P. File # 1112

Date: 11/3/74 (MONTH DAY YEAR)

Time alarm received 3:43 P M Number of miles traveled 7

Time back in service _____ M

Time back at station 4:01 P M

Alarm received by: Box # _____ Phone _____ Other RADIO (Describe)

Location of alarm: (Street and Number) WOONASQUATUCKET DR.

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	XX Code Yellow	☐ Water emergency
XX Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
4	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) #1. Ladder(s) _____ Rescue(s) _____ Car: _____

Other companies responding: _____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. P. RUGGIANO		
D. FORTIN		
E. PELLAND		
D. BAZZLE		
N. PHELLAND		
P. TREMENTOZZI		

VEHICLE	STATION	ON SCENE

REMARKS: OUT SELLING TURKEY RAFFLE TICKETS. CALLED BY RADIO FOR BRUSH FIRE.

B W Ruggiano

SIGNED BY:

LT. P. RUGGIANO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 448 N. P. File # 1116

Date: 11/3/74 (MONTH / DAY / YEAR)

Time alarm received 8:27 P M Number of miles traveled 15

Time back in service ____ M

Time back at station 9:37 P M

Alarm received by: Box # ____ Phone XX Other ____ (Describe)

Location of alarm: (Street and Number) MINERAL SPRING AVE. (FRONT OF GANTRYS)..

Cause of fire AUTO ACCIDENT

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	XX Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		AUTO ACCIDENT

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	200'	Booster 1"		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose	24'	Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
2	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
				2	SCREWDRIVERS
				2	HANDLIGHTS
					ROPE
					BOLT CUTTERS

APPARATUS REPORT

Working time of pump: Hours: 1 minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #1, Ladder(s) ____ Rescue(s) #1 Car: ____

Other companies responding: S.S. #ES.#2,3.

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO		
R. RATHIER		
T. PERNA		

VEHICLE	STATION	ON SCENE
LT. P. RUGGIANO	CAPT. J. MURPH Y	
W. ROY	T . RUSSO	
D. FORTIN		
D. HOUDE		
R. SALISBURY		
D. BAZZLE		
S. COPPA		
N. PHELAND		
H. DARBY		
W. DRAPER		

REMARKS: AUTO ACCIDENT, #1969 TRIUMPH, R.I. REG. VX708
1969 BUICK SKYLARK, R.I. REG. MG767, 3PEOPLE TRANSPORTED TO HOSP. BY RES.#1 &3. #8

BRUCE CLARK	DIANE FARRELL	PAUL LEAVSQUE AGE15
99 BOULEVARD AVE.	48 SENECA	32 HOWARD AVE.
LINCOLN, R.T.	COVENTRY,R.I.	NO. PROV.R.I.
	ROBERT MARZCCCHI AGE16	
	16 SHERMAN AVE.	
	NO. PROV.R.I.	

B. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

FILE: 1147

NO. PROVIDENCE FIRE DEPARTMENT

CO. FILE: 448

– SECONDARY RESCUE REPORTS –

DATE: 11/3/74 TIME: ARRIVED 8:27 P.M. RETURNED 9:37 P.M.

NAME: ROBERT MARZUCCHI AGE: 16

ADDRESS: 16 SHERMAN AVE. ALARM BY: PHONE

NORTH PROVIDENCE, R.I.

LOCATION OF RESCUE MINERAL SPRING AVE. (FRONT OF GANTRYS)

EXAMINATION

SKULL *

EYES *

EARS *

NOSE *

MOUTH *

CHEST * PAINS

ABDOMEN * PAINS

UPPER EXTREMITIES * POSSIABLE FRACTURES LEFT & RIGHT ARM

LOWER EXTREMITIES * POSSIABLE BACK INJURY

POSITION OF PATIENT WHEN FOUND: LYING DOWN IN CAR

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) NO. PATIENT WAS IN SHOCK

PATIENT TRANSPORTED TO: ROGER WILIAMS GEN. HOSP. BY RES.#1.

IF PATIENT WAS NOT TRANSPORTED EXPLAIN:

* NORMAL – No visible signs of lacerations, abrasions, discoloration, swelling, bleeding or fractures. No complaints of pain.

REMARKS -- (List First Aid Given, If Any)

AIR SPLINT ON LEFT & RIGHT ARMS.
ORTHOPEDIC STRETCHER.

SIGNED: B. Di Giulio OFFICER IN CHARGE: LT. P. RUGGIANO

RESCUE CO. NO. ENG. #1.

File: 1141

Co. File: 448

NO. PROVIDENCE FIRE DEPARTMENT
– SECONDARY RESCUE REPORTS –

DATE: 11/3/74 TIME: ARRIVED 8:27 P.M. RETURNED 9:37 P.M.

NAME: PAUL LEAVSQUE AGE: 15

ADDRESS: 32 HOWARD AVE. ALARM BY:

NORTH PROVIDENCE, R.I.

LOCATION OF RESCUE MINERAL SPRING AVE. (FRONT OF GANTRYS)

EXAMINATION

SKULL *

EYES *

EARS *

NOSE *

MOUTH *

CHEST * CHEST PAINS

ABDOMEN *

UPPER EXTREMITIES *

LOWER EXTREMITIES *

POSITION OF PATIENT WHEN FOUND:

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) YES

PATIENT TRANSPORTED TO: ROGER WILLIAMS GEN. HOSP. BY RES. #1.

IF PATIENT WAS NOT TRANSPORTED EXPLAIN:

* NORMAL – No visible signs of lacerations, abrasions, discoloration, swelling, bleeding or fractures. No complaints of pain.

REMARKS –– (List First Aid Given, If Any)

SIGNED: B. Mr Guire OFFICER IN CHARGE: LT. P. RUGGIANO

RESCUE CO. NO. ENG. #1.

FILE: 1147
CO-FILE: 448

NO. PROVIDENCE FIRE DEPARTMENT
– SECONDARY RESCUE REPORTS –

DATE: 11/3/74 TIME: ARRIVED 8:27 P.M. RETURNED 9:37 P.M.

NAME: MICHEAL SHANNON AGE: 17

ADDRESS: 15 DERBY ST. ALARM BY:

NORTH PROVIDENCE, R.I.

LOCATION OF RESCUE MINERAL SPRING AVE. (FRONT OF GANTRYS)

EXAMINATION

SKULL *

EYES *

EARS *

NOSE *

MOUTH *

CHEST *

ABDOMEN *

UPPER EXTREMITIES *

LOWER EXTREMITIES *

POSITION OF PATIENT WHEN FOUND:

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) YES

PATIENT TRANSPORTED TO: ROGER WILLIAMS GEN. HOSP. BY RES.#3.

IF PATIENT WAS NOT TRANSPORTED EXPLAIN:

* NORMAL – No visible signs of lacerations, abrasions, discoloration, swelling, bleeding or fractures. No complaints of pain.

REMARKS -- (List First Aid Given, If Any)

CHECK UP

SIGNED: B. DeGiulio OFFICER IN CHARGE: LT. P. RUGGIANO

RESCUE CO. NO. Engine #1

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 449 N. P. File # 1119

Date: 11/5/74
MONTH DAY YEAR

Time alarm received 5:11 P M Number of miles traveled 1

Time back in service M

Time back at station 5:14 P M

Alarm received by: Box # 216 Phone Other (Describe)

Location of alarm: (Street and Number) MINERAL SPRING & DOUGLAS

Cause of fire

Description of building or occupancy:

Owner of building or occupancy:

Owner's address:

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	XX Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
XX ☐ Miscellaneous fires (describe)		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: minutes:

Defects on apparatus after alarm (if any):

Companies responding:

Engines(s) #3.4.1. Ladder(s) #1. Rescue(s) Car:

Other companies responding:

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
E. PELLAND	W. ROY	
D. HOUDE	T. PERNA	
T. RUSSO	D. BAZZLE	
N. PHELAND	P: TREMENTOZZI	

VEHICLE	STATION	ON SCENE
LT. E. DI GIULIO		
W. DRAPER JR.		
W. DRAPER		

REMARKS: CODE YELLOW FROM ENG.#3.

B. Di Giulio
SIGNED BY:

LT. E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 450 N. P. File # 1120

Date: 11/5/74 (MONTH / DAY / YEAR)

Time alarm received 5:14 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 5:42 P M

Alarm received by: Box # ____ Phone XX Other ____ (Describe)

Location of alarm: (Street and Number) 27 SHERWOOD AVE.

Cause of fire COOKING

Description of building or occupancy: ____

Owner of building or occupancy: JANE YOUNG

Owner's address: SAME

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	XX ☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
XX ☐ Miscellaneous fires (describe) STOVE		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose	14'	Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
				2	SMOKE EJECTORS
					DEODORIZER
					ASBESTOS GLOVES

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #1, 6, Ladder(s) #1. Rescue(s) ____ Car: ____

Other companies responding: ____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
E. PELLAND	W. ROY	
D. HOUDE	T. PERNA	
T. RUSSO	D. BAZZLE	
N. PHELAND	P. TREMENTOZZI	

VEHICLE	STATION	ON SCENE
LT. E. DI GIULIO		
W. DRAPER JR.		
W. DRAPER		

REMARKS: FOOD IN OVEN IGNITED STOVE & ADJACENT CABINETS, LIGHTLY CHARRED, HEAVY SMOKE THOUGHT OUT HOUSE. INSURED BY PAWTUCKET MUTUAL.

B Di Giulio
SIGNED BY:

LT. E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 451 N. P. File # 1124

Date: 11/5/74
MONTH DAY YEAR

Time alarm received 6:29 P M Number of miles traveled 0

Time back in service ____ M

Time back at station 6:32 P M

Alarm received by: Box # 213 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) LONG VUE & CHESTNUCT

Cause of fire CODE BLUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☒ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #3,4. Ladder(s) #1. Rescue(s) ____ Car: ____

Other companies responding: ____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
	LT. E. DI GIULIO	
	W. ROY	
	E. PELLAND	
	T. PERNA	
	D. BAZZLE	
	N. PHELAND	

VEHICLE	STATION	ON SCENE
	CAPT. J. MURPHY	
	RES. LT. P. RUGGIANO	
	R. RATHIER	
	D. FORTIN	
	W. DRAPER JR.	
	T. RUSSO	
	P. TREMENTOZZI	

REMARKS: CODE BLUE FROM ENG. #3.

B. Di Giulio
SIGNED BY:

LT. E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 452 N. P. File # 1125

Date: 11/6/74 (MONTH / DAY / YEAR)

Time alarm received 10:59 A M Number of miles traveled 2

Time back in service ____ M

Time back at station 11:15 A M

Alarm received by: Box # ____ Phone X Other ____ (Describe)

Location of alarm: (Street and Number) 2031 SMITH ST.

Cause of fire ELECTRICAL SHORT

Description of building or occupancy: WINKELMAN & FINKLSTIEN CLOTHING STORE

Owner of building or occupancy: A. BURRAUGHS

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	XX ☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
XX Miscellaneous fires (describe) ELECTRICAL SHORT		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
				1	HANDLIGHT
				1	SCREWDRIVER

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #1. Ladder(s) ____ Rescue(s) ____ Car: ____

Other companies responding: ____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. E. DI GIULIO		
W. ROY		
B. DI GIULIO		
J. MOLLO		
D. BAZZLE		
J. PARISI (LYM.)		

VEHICLE	STATION	ON SCENE
	CAPT. C. SALISBURY	

REMARKS: SHORT IN LIGHT FIXTURE ABOVE FRONT DOOR.

ENG.#1. CALLED FOR SMOKE INVESTIGATION.

B. Di Giulio
SIGNED BY:

B. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 453 N. P. File # _____

Date: 11 (MONTH) 6 (DAY) 74 (YEAR)

Time alarm received 4:16 p M Number of miles traveled _____

Time back in service _____ M

Time back at station 4:20 p M

Alarm received by: Box # _____ Phone _____ Other _____ (Describe)

Location of alarm: (Street and Number) _____

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☒ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

	EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose		SALVAGE COVERS
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) _____ Ladder(s) _____ Rescue(s) _____ Car: _____

Other companies responding: _____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #

VEHICLE	STATION	ON SCENE
	CAPT C. SALISBURY	
	LT E. DI GIULIO	
	W. ROY	
	E. PELLAND	
	N. PHELAND	
	J. MOLLO	
	B. DI GIULIO	

REMARKS: CAR DROVE IN FOR FIRST AID FOR ~~XXX~~ SMALL CHILD

Lt Eric M. Feiler
SIGNED BY:

JOHN MOLLO
PERSON IN CHG.

NO. PROVIDENCE FIRE DEPARTMENT

– SECONDARY RESCUE REPORTS –

RES# 1152
CO# X 453

DATE: 11/ 6/ 74 TIME: ARRIVED 4:26 ~~XXXX~~ pm RETURNED 4:20 pm

NAME: BETHANY BALME AGE: 5½

ADDRESS: 10 BECKSIDE AVE NO. PROV. ALARM BY: WALK- IN

LOCATION OF RESCUE CENT. STATION

EXAMINATION

SKULL * SEVERE LACERATION ON FOREHEAD

EYES *

EARS *

NOSE *

MOUTH *

CHEST *

ABDOMEN *

UPPER EXTREMITIES *

LOWER EXTREMITIES *

POSITION OF PATIENT WHEN FOUND: LYING IN BACK SEAT OF CAR

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) YES

PATIENT TRANSPORTED TO: R.W.G.H. BY RES 1

IF PATIENT WAS NOT TRANSPORTED EXPLAIN:

* NORMAL – No visible signs of lacerations, abrasions, discoloration, swelling, bleeding or fractures. No complaints of pain.

REMARKS –– (List First Aid Given, If Any)

1- 4x 8 GAUSE PAD ROLL OF GAUZE TWO BLANKETS

SIGNED: Lt. Louis M. Fowler OFFICER IN CHARGE: J. MOLLO

RESCUE CO. NO. CENT

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 454 N. P. File # 1126

Date: 11 (MONTH) 6 (DAY) 74 (YEAR)

Time alarm received 10:46 P M Number of miles traveled 1

Time back in service _____ M

Time back at station 10:52 P M

Alarm received by: Box # 442 Phone _____ Other _____ (Describe)

Location of alarm: (Street and Number) WASHAKIE & TOWANDA

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☒ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		_____
_____		_____

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) 7, 1 Ladder(s) 1 Rescue(s) _____ Car: _____

Other companies responding: _____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO	LT P. RUGGIANO	
E. PELLAND	D. HOUDE	
D. FORTIN	D.BAZZLE	
R. RATHIER	P. TREMENTOZI	
N. PHELAND	S. COPPA	

VEHICLE	STATION	ON SCENE
	CAPT J. MURPHY	
	P. PALOMBO	
	L. CALISE	

REMARKS: CODE BLUE

SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 455 N. P. File # 1127

Date: 11 (MONTH) 6 (DAY) 74 (YEAR)

Time alarm received 10:49 P M Number of miles traveled 4

Time back in service _____ M

Time back at station 10:52 P M

Alarm received by: Box # 415 Phone _____ Other _____ (Describe)

Location of alarm: (Street and Number) HIGH SERVICE & MURRAY AVE

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☒ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		_____
_____		_____

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) 3.4. Ladder(s) 1 Rescue(s) _____ Car: _____

Other companies responding: _____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
	LT P. RUGGIANO	
	D. HOUDE	
	D. BAZZLE	
	P. TREMENTROZI	
	S. COPPA	
VEHICLE	**STATION**	**ON SCENE**
	CHIEF E. DI GIULIO	
	CAPT J. MURPHY	
	E. PELLAND	
	D. FORTIN	
	R. RATHIER	
	N. PHELAND	
	P. PALOMBO	
	L. CALISE	

REMARKS: CODE BLUE

Lt Ernest G. Di Giulio
SIGNED BY:

D. BAZZLE
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 456 N. P. File # 1129

Date: 11 (MONTH) 8 (DAY) 74 (YEAR)

Time alarm received 1:19 A M Number of miles traveled 1

Time back in service ____ M

Time back at station 1:30 A M

Alarm received by: Box # ____ Phone XX Other ____ (Describe)

Location of alarm: (Street and Number) SMITH ST & BY- PASS

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☒ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe) CAR ACCIDENT
☐ Miscellaneous fires (describe)		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 1 Ladder(s) ____ Rescue(s) 1 Car: ____

Other companies responding: ____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
LT F. BURSIE		
D. FORTIN		
D. BAZZLE		
P. TREMENTOZI		
J. MOLLO		
VEHICLE	**STATION**	**ON SCENE**
CAPT C. SALISBURY		
W. ROY		
N. PHELAND		
R. RATHIER		

REMARKS: DONNA PIKE, VALLEY ST. PROV,
74 MUSTANG GOLD R.I. REG. FY 125
WANTED BY PROV P.D. HIT & RUN
RES 1 TRANSPORTED TO R.W.G.H.

Lt Francis M. Sinclair
SIGNED BY:

CAPT C. SALISBURY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 457 N. P. File # 1130

Date: 11 (MONTH) 8 (DAY) 74 (YEAR)

Time alarm received 7:37 A M Number of miles traveled 2

Time back in service 8:01 A M

Time back at station 8:04 A M

Alarm received by: Box # _____ Phone XX Other _____ (Describe)

Location of alarm: (Street and Number) 31 PEACH HILL AVE

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	XX Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		WATER PIPE BROKE ON BOILER

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
1	HAND LIGHT				

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) 1 Ladder(s) _____ Rescue(s) _____ Car: _____

Other companies responding: _____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
LT E. DI GIULIO		
J. MOLLO		
L. CALISE		
VEHICLE	**STATION**	**ON SCENE**
	CAPT C. SALISBURY	
	B. DI GIULIO	
	W. DRAPER SR	

REMARKS: HOT WATER PIPE ON BOILER BROKE

SIGNED BY:

JOHN MOLLO

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 458 N. P. File # 1132

Date: 11 (MONTH) 8 (DAY) 74 (YEAR)

Time alarm received 8:17 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 8:21 P M

Alarm received by: Box # 156 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) PEACH HILL & HALSEY

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☒ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 6, 1 Ladder(s) 1 Rescue(s) ____ Car: ____

Other companies responding: ____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO		
D. FORTIN		
E. PELLAND		
W. DRAPER JR		
R. PAQUET		

VEHICLE	STATION	ON SCENE
	H. DARBY	
	N. PHELAND	
	W. DRAPER SR	

REMARKS: CODE BLUE. LADDER 1 DID NOT GET OUT

SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 459 N. P. File # 1133

Date: 11 (MONTH) 9 (DAY) 74 (YEAR)

Time alarm received 1:04 A M Number of miles traveled 1

Time back in service ____ M

Time back at station 1:09 A M

Alarm received by: Box # 432 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) HAWKINS BLVD. & SAMPSON

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☒ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump; Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 7. 6 Ladder(s) 1 Rescue(s) ____ Car: ____

Other companies responding: ____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
	W. ROY	
	D. FORTIN	
	R. RATHIER	
	P. TREMENTOZZI	

VEHICLE	STATION	ON SCENE
	CAPT J. MURPHY	

REMARKS: CODE BLUE

SIGNED BY: Lt Ernest M. Sirois

D. FORTIN

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 460 N. P. File # 1135

Date: 11 (MONTH) 9 (DAY) 74 (YEAR)

Time alarm received 3:11 A M Number of miles traveled 2

Time back in service ____ M

Time back at station 3:45 A M

Alarm received by: Box # ____ Phone ____ Other STATION (Describe)

Location of alarm: (Street and Number) MINERAL SP. AVE (FRONT OF MOY'S)

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☒ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☒ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
2002	Carbon Dioxide	500	Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
	BOLT CUTTERS				

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 5

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 1 Ladder(s) ____ Rescue(s) ____ Car: 78

Other companies responding: ____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. J MURPHY		
W. ROY		
R. RATHIER		
D. BAZZLE		
N. PHELAND		
P. TREMENTOZZI		

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO		

REMARKS: FIRE UP UNDER DASH, ALL WIRES & DASH BURNED HEAVY DAMAGE
NEIL RESENDES 14b PINE HILL RD JOHNSTON
72 DUSTER (ROADRUNNER) CF 833 R.I.

Lt Ernest M. Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 461 N. P. File # 1142

Date: 11 (MONTH) 10 (DAY) 74 (YEAR)

Time alarm received 3:10 P M Number of miles traveled 6

Time back in service ____ M

Time back at station 3:19 P M

Alarm received by: Box # ____ Phone ____ Other RADIO (Describe)

Location of alarm: (Street and Number) 41 ATLANTIC BLVD.

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☒ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☒ Miscellaneous fires (describe) LEAVES		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
1	Pump Cans		3 Inch Hose	SALVAGE COVERS	
1	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 1 Ladder(s) ____ Rescue(s) ____ Car: ____

Other companies responding: ____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
LT P. RUGGIANO		
E. PELLAND		
E. FORTIN		
D. BAZZLE		
T. RUSSO		

VEHICLE	STATION	ON SCENE

REMARKS: PILE OF LEAVES

Lt Ernest Liuzzo
SIGNED BY:

RES. LT P. RUGGIANO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CETREDALE Company Alarm # 462 N. P. File # 1144

Date: 11 (MONTH) 10 (DAY) 74 (YEAR)

Time alarm received 4:34 P M Number of miles traveled 33

Time back in service ____ M

Time back at station 4:39 P M

Alarm received by: Box # ____ Phone ____ Other RADIO (Describe)

Location of alarm: (Street and Number) SAWIN AVE

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☒ XX Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☒ XX Miscellaneous fires (describe) PILE OF LEAVES		

	EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose		SALVAGE COVERS
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 1 Ladder(s) ____ Rescue(s) ____ Car: ____

Other companies responding: ____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
LT P. RUGGIANO		
E. PELLAND		
D. FORTIN		
D. HOUDE		
D. BAZZLE		
T. RUSSO		

VEHICLE	STATION	ON SCENE
	W. ROY	
	N. PHELAND	
	T. PERNA	
	W. DRAPER SR	

REMARKS: OUT ON ARRIVAL, WAS OUT SELLING TICKETS
RECEIVED CALL BY RADIO

SIGNED BY:

RES LT P. RUGGIANO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 463 N. P. File # 1146

Date: 11 (MONTH) 10 (DAY) 74 (YEAR)

Time alarm received 7:48 P M Number of miles traveled 3

Time back in service 8:00 P M

Time back at station 8:06 P M

Alarm received by: Box # _____ Phone XX Other _____ (Describe)

Location of alarm: (Street and Number) ELMORE ST

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	XX Code Yellow	☐ Water emergency
XX Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

	EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	50'	Booster		Aerial	
	Dry Chemical		1½ Inch Hose		Over 35 Feet	
	Foam		2½ Inch Hose		Under 35 Feet	
	Pump Cans		3 Inch Hose		SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used	
	Other (Describe)				Other Equipment	

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: 5

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) 1 Ladder(s) _____ Rescue(s) _____ Car: _____

Other companies responding: _____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
W. ROY		
D. FORTIN		
R. RATHIER		
N. PHELAND		
T. RUSSO		

VEHICLE	STATION	ON SCENE
	CAPT J. MURPHY	
	D. HOUDE	
	W. DRAPER JR	
	T. PERNA	

REMARKS: GRASS

Lt. Paul H. Leiko
SIGNED BY:

W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDAL E. Company Alarm # 464 N. P. File # 1148

Date: 11 (MONTH) 11 (DAY) 74 (YEAR)

Time alarm received 1:31 A M Number of miles traveled 7

Time back in service ____ M

Time back at station 1:56 A M

Alarm received by: Box # ____ Phone XX Other ____ (Describe)

Location of alarm: (Street and Number) WATERMAN & BY- PASS

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	XX Rescue or emergency
☐ Fire in dwelling	☒ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe) CAR TIPPED OVER
☐ Miscellaneous fires (describe) ____		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	60'	Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
1	HAND LIGHT				

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 20

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 1 Ladder(s) ____ Rescue(s) ____ Car: 78

Other companies responding: ____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT J. MURPHY		
D. FORTIN		
D. HOUDE		
P. TREMENTOZZI		
T. PERNA		
J. MOLLO		

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO	CAPT C. SALISBURY	
	R. RATHIER	

REMARKS: CAR TURNED OVER, WASH DOWN GASOLINE

OWNER M. ALRIE 33 BEVERLY CIRCLE SMITHFIELD R.I.

DRIVER JOE ALRIE

68 PONTIAC TEMPEST REG. R.I. MX 399

Lt Carlo Sinchio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 465 N. P. File # 1150

Date: 11 (MONTH) 11 (DAY) 74 (YEAR)

Time alarm received 5:27 P M Number of miles traveled 3

Time back in service 6:05 P M

Time back at station 6:10 P M

Alarm received by: Box # _____ Phone XX Other _____ (Describe)

Location of alarm: (Street and Number) 34 SILVIA AVE

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
XX Fire in dwelling	XX Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
2	SMOKE EJECTOR				
1	HAND LIGHT	1	SQUGEE		
	DEODORIZER				

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: 2-3 1

Engines(s) _____ Ladder(s) _____ Rescue(s) _____ Car: _____

Other companies responding: _____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
	LT F. BURSIE	
	LT P. RUGGIANO	
	W. ROY	
	E. PELLAND	
	W. DRAPER JR	
	D. BAZZLE	
	N. PHELAND	

VEHICLE	STATION	ON SCENE
	CHIEF E. DI GIULIO	
	CAPT C. SALISBURY	
	LT E. DI GIULIO	
	D. FORTIN	

REMARKS: CHAIR IN CELLAR CODE YELLOW

SIGNED BY:

LT F. BURSIE
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 466 N. P. File # 1152

Date: 11 (MONTH) 11 (DAY) 74 (YEAR)

Time alarm received 8:26 P M Number of miles traveled 7

Time back in service ____ M

Time back at station 8:56 P M

Alarm received by: Box # ____ Phone XX Other ____ (Describe)

Location of alarm: (Street and Number) MR. CHRISTMAS SMITH ST

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	XX Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
XX Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe) DUMPSTER		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	60'	Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
1	PIKE POLE				
1	HAND LIGHT				

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 20

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 1 Ladder(s) ____ Rescue(s) ____ Car: ____

Other companies responding: ____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
D. FORTIN		
P. TREMENTOZZI		
T. PERNA		
VEHICLE	**STATION**	**ON SCENE**
W. ROY	R. RATHIER	
W. DRAPER JR	D. BAZZLE	
W. DRAPER SR		

REMARKS: FIRE IN DUMPSTER REAR OF BUILDING CALL CAME FROM A MR. LUZZI

Lt. Ernest Luzzi
SIGNED BY:

W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTRELDALE Company Alarm # 467 N. P. File # 1154

Date: MONTH 11 DAY 12 YEAR 74

Time alarm received 9:15 P M Number of miles traveled 1

Time back in service M

Time back at station 9:19 P M

Alarm received by: Box # 442 Phone Other (Describe)

Location of alarm: (Street and Number) WASHAKIE & PENSAUKEE

Cause of fire

Description of building or occupancy:

Owner of building or occupancy:

Owner's address:

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue XX	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

	EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose		SALVAGE COVERS
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: minutes:

Defects on apparatus after alarm (if any):

Companies responding:

Engines(s) 7, 1 Ladder(s) 1 Rescue(s) Car:

Other companies responding:

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT J. MURPHY	LT F. BUSSIE	
R. RATHIER	D. FORTIN	
D. HOUDE	W. DRAPER JR	
	P. TREMENTOZZI	

VEHICLE	STATION	ON SCENE

REMARKS: CODE BLUE ENG 1 DID NOT GET OUT

Lt. Emilio Aiello
SIGNED BY:

D. FORTIN
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 468 N. P. File # 1155

Date: 11 (MONTH) 13 (DAY) 74 (YEAR)

Time alarm received 7:37 PM Number of miles traveled 2

Time back in service ____ M

Time back at station 7:40 PM

Alarm received by: Box # 153 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) WOON & CHANDLER

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☒ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 1, 6, 3 Ladder(s) 1 Rescue(s) 1 Car: 78

Other companies responding: ____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT J. MURPHY	CAPT C. SALISBURY	
LT E. DI GIULIO	R. RATHIER	
W. ROY	D. HOUDE	
D. FORTIN	D. BAZLE	
W. DRAPER JR	T. PERNA	
H. DARBY	J. MOLLO	
T. RUSSO		
VEHICLE	**STATION**	**ON SCENE**
CHIEF E. DI GIULIO	P. TREMENTOZZI	
R. PAQUET	W. DRAPER SR	

REMARKS: CODE BLUE

SIGNED BY:

CAPT J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 469 N. P. File # 1159

Date: 11 (MONTH) 15 (DAY) 74 (YEAR)

Time alarm received 12:45 P M Number of miles traveled 1

Time back in service 12:54 P M

Time back at station 12:58 P M

Alarm received by: Box # _____ Phone XX _____ Other _____ (Describe)

Location of alarm: (Street and Number) MINERAL SP. & THOMAS ST

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☒ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		AUTO ACCIDENT

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose		SALVAGE COVERS
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) 1 Ladder(s) _____ Rescue(s) 1 Car: _____

Other companies responding: _____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT C. SALISBURY		
W. ROY		
B. DI GIULIO		
N. PHELAND		

VEHICLE	STATION	ON SCENE
LT P. RUGGIANO	LT E. DI GIULIO	
	D. BAZZLE	
	C. ZAHN	
	J. MOLLO	

REMARKS: NO FIRST AID GIVEN BY ENG 1

CAR#1 DODGE R.I. REG. HC 113

CAR#2 OLDS. REG. R.I. NJ 60

TRANSPORTED BY RES 1 TO R.W.G.H. FOR OBSERVATION

Lt E. DI GIULIO

SIGNED BY:

CAPT C. SALISBURY

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 470 N. P. File # 1160

Date: 11 (MONTH) 15 (DAY) 74 (YEAR)

Time alarm received 4:06 P M Number of miles traveled 2

Time back in service 4:22 P M

Time back at station 4:30 P M

Alarm received by: Box # _____ Phone XX Other _____ (Describe)

Location of alarm: (Street and Number) 87 STELLA DR

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☒ Code Yellow	XX Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe) WATER TANK SPLIT
☐ Miscellaneous fires (describe)		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
2	HAND LIGHTS				

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) 1 Ladder(s) _____ Rescue(s) _____ Car: _____

Other companies responding: _____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT C. SALISBURY		
LT E. DI GIULIO		
B. DI GIULIO		
P. TREMENTOZZI		

VEHICLE	STATION	ON SCENE
W. ROY	D. FORTIN	
	E. PELLAND	
	D. BAZZLE	
	J. MOLLO	

REMARKS: HOT WATER TANK SPLIT SOME WATER ON FLOOR CALLED PLUMBER

SIGNED BY:

CAPT C. SALISB URY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 471 N. P. File # 1162

Date: 11 (MONTH) 16 (DAY) 74 (YEAR)

Time alarm received 11:51 P M Number of miles traveled 0

Time back in service _____ M

Time back at station 11:54 P M

Alarm received by: Box # 555 Phone _____ Other _____ (Describe)

Location of alarm: (Street and Number) WOON & METCALF AVE

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☒ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☒ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe) DUMPSTER		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) 6 1 Ladder(s) 1 Rescue(s) _____ Car: _____

Other companies responding: _____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
W. ROY		
R. RATHIER		
D. BAZZLE		
P. TREMENTOZZI		
D. CLARK (F.H.)		

VEHICLE	STATION	ON SCENE
	LT F. BURSIE	
	J. MOLLO	
	N. PHELAND	

REMARKS: DUMPSTER,CODE YELLOW ENG 6

Lt. Francis R. Bursie
SIGNED BY:

D. BAZZLE
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 472 N. P. File # 1164

Date: 11 (MONTH) 17 (DAY) 74 (YEAR)

Time alarm received 10:43 A M Number of miles traveled 3

Time back in service ____ M

Time back at station 12:02 P M

Alarm received by: Box # ____ Phone XX Other ____ (Describe)

Location of alarm: (Street and Number) SMITHFIELD RD (ADMIRAL PLAZA)

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
XX Fire in building	XX Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose	2- 14'	Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
2	SMOKE EJECTORS				
1	AXE				
	DEODORIZER				

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 3, 4, 7 Ladder(s) 1 Rescue(s) ____ Car: ____

Other companies responding: PROV, 3 ENGS & 2 LADDERS

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
	R. RATHIER	
	D. BAZZLE	
	N. PHELAND	
	T. RUSSO	

VEHICLE	STATION	ON SCENE
D. HOUDE	CHIEF E. DI GIULIO	
J. MURPHY SR	CAPT J. MURPHY	
	W. ROY	
	H. DARBY	
	T. PERNA	
	R. PARENTEAU	

REMARKS: CODE RED, GARDEN CENTER SIDE OF GRANTS SMOKE IN MAIN STORE.

Lt Ernest Di Giulio
SIGNED BY:

D. BAZZLE
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 473 N. P. File # 1169

Date: 11/18/74 (MONTH / DAY / YEAR)

Time alarm received 5:21 P M Number of miles traveled 4

Time back in service ____ M

Time back at station 5:32 P M

Alarm received by: Box # ____ Phone XX Other ____ (Describe)

Location of alarm: (Street and Number) ELMORE AVE.

Cause of fire SET

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☒ Code Yellow	☐ Water emergency
☒ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
2	Pump Cans		3 Inch Hose	SALVAGE COVERS	
2	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #1. Ladder(s) ____ Rescue(s) ____ Car: ____

Other companies responding: ____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
E. PELLAND		
D. HOUDE		
W. DRAPER JR.		
N. PHELAND		
P. TREMENTOZZI		

VEHICLE	STATION	ON SCENE
C. ZAHN		
W. DRAPER		

REMARKS: CODE YELLOW, BRUSH.

LOST A STRAP ON ONE OF PUMP CANS. WENT BACK IN CAR AND FOUND SAME.

B. DiGiulio
SIGNED BY:

D. HOUDE
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 474 N. P. File # 1170

Date: 11/18/74 (MONTH / DAY / YEAR)

Time alarm received 9:29 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 9:34 P M

Alarm received by: Box # ____ Phone XX Other ____ (Describe)

Location of alarm: (Street and Number) ATLANTIC & SWAN ST.

Cause of fire AUTO ACCIDENT

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	XX Rescue or emergency
☐ Fire in dwelling	XX Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		AUTO ACCIDENT

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #1. Ladder(s) ____ Rescue(s) #1. Car: ____

Other companies responding: ____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
E. PELLAND		
D. FORTIN		
R. RATHIER		
J.MOLLO		

VEHICLE	STATION	ON SCENE
CAPT. J. MURPHY	P. TREMENTOZZI	
F. ROTELLA		

REMARKS: NO AID GIVEN BY ENG.#1.
CAR R.I. REG.P919, 1969 FORD GAL. RED. HIT TREE.
OWENR & OPERATOR
PETER LOMBARDI
20 DEWY ST.
PROV,R.I. DOB 8/5/58
TRANSPORTED TO ROGER WILLIAMS HOSPT. BY RESCUE&#1.

B. Di Giulio
SIGNED BY:

CAPT? J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 475 N. P. File # 1172

Date: 11/19/74 (MONTH / DAY / YEAR)

Time alarm received 6:57 P M Number of miles traveled 6

Time back in service ____ M

Time back at station 7:05 P M

Alarm received by: Box # ____ Phone XX Other ____ (Describe)

Location of alarm: (Street and Number) 14 ELMORE AVE.

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☒ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☒ Miscellaneous fires (describe) LEAVES		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	200'	Booster 1"		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
1	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 10

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #1. Ladder(s) ____ Rescue(s) ____ Car: ____

Other companies responding: ____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
E. PELLAND		
D. FORTIN		
W. DRAPER JR.		
D. BAZZLE		
S. MARWELL (LYM.)		
C. HARRISON		
VEHICLE	**STATION**	**ON SCENE**
D. HOUDE	RES. LT. P. RUGGIANO	
	P. TREMENTOZZI	

REMARKS: LEAVES BURNING IN TWO AREAS.

SIGNED BY:

D. FORTIN

PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 476 N. P. File # 1173

Date: 11/20/74 (MONTH / DAY / YEAR)

Time alarm received 4:36 PM Number of miles traveled 3

Time back in service ____ M

Time back at station 4:53 P M

Alarm received by: Box # ____ Phone XX Other ____ (Describe)

Location of alarm: (Street and Number) 140 WATERMAN AVE.

Cause of fire AUTO ACCIDENT

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	XX ☐ Rescue or emergency
☐ Fire in dwelling	XX ☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		AUTO ACCIDENT

	EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose		SALVAGE COVERS
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
				3	HANDLIGHTS
					FIRST AID KIT
				1	FLOODLIGHT

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #1. Ladder(s) ____ Rescue(s) #1. Car: ____

Other companies responding: ____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
E. PELLAND		
D. FORTIN		
B. DI GIULIO		
J.MOLLO		
D. BAZZLE		
N. PHELAND		

VEHICLE	STATION	ON SCENE
RES. LT. P. RUGGIANO	CHIEF E. DI GIULIO	
J. LANE	CAPT. J. MURPHY	

REMARKS: AUTO ACCIDENT: R.I. REG.OP274 & R.I. REG. S196 INVOLED IN ACCIDENT, OPERATOR OF OP274 TRANSPORTED BY RESCUE#1. TO ROGER WILLIAMS HOSPT. SEE ATTACHED RESCUE REPORT #1218. FIRST AID ADMINISTERED BY ENG.#1.

E. Di Giulio
SIGNED BY:

RES. LT. P. RUGGIANO
PERSON IN CHG.

RES. FILE #1288

NO. PROVIDENCE FIRE DEPARTMENT CO. FILE, 476

– SECONDARY RESCUE REPORTS –

DATE: 11/20/74 TIME: ARRIVED 4:36 P.M. RETURNED 4:53 P.M.

NAME: AGE: 34

ADDRESS: ALARM BY: PHONE

LOCATION OF RESCUE

140 WATERMAAN AVE.

EXAMINATION

SKULL * XX

EYES * XX

EARS * XX

NOSE * XX

MOUTH * XX

CHEST * XX

ABDOMEN * XX

UPPER EXTREMITIES * FRACTURE OF LEFT ARM

LOWER EXTREMITIES * XX

POSITION OF PATIENT WHEN FOUND: SITTING

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) YES

PATIENT TRANSPORTED TO: ROGER WILLIAMS HOSPT. BY RESCUE #1.

IF PATIENT WAS NOT TRANSPORTED EXPLAIN:

* NORMAL – No visible signs of lacerations, abrasions, discoloration, swelling, bleeding or fractures. No complaints of pain.

REMARKS -- (List First Aid Given, If Any)

WOMEN WAS SITTING IN CAR AFTER AUTO ACCIDENT.
SHE COMPLAINED OF PAIN IN HER LEFT ARM, AIR SPLINT WAS USED, PAIN WAS TOO CLOSE TO ELBOW TO APPLEY TRACTION. RESCUE #1. TRANSPORTED.

SIGNED: B. DeGiulio OFFICER IN CHARGE: REXXXXT. E. PELLAND

RESCUE CO. NO. ENG. #1.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 477 N. P. File # 1174

Date: 11/20/74 (MONTH DAY YEAR)

Time alarm received @ 7:02 P M Number of miles traveled 8

Time back in service 7:35 P M

Time back at station 7:45 P M

Alarm received by: Box # _____ Phone XX Other _____ (Describe)

Location of alarm: (Street and Number) SMITHFIELD RD. (TOWN DUMP)

Cause of fire SET

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	XX ☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
XX ☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		AUTO

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	300'	Booster 1"		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
				2	ASBESTOS GLOVE
				1	CROWBAR
				3	HANDLIGHTS

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: 20

Defects on apparatus after alarm (if any): RIGHT SIDE FLOODLIGHT STANCHION DAMAGED BOLT SHEARED OFF.

Companies responding: _____

Engines(s) #1. Ladder(s) _____ Rescue(s) _____ Car: _____

Other companies responding: SMITHFIELD TANKER #2.

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. J. MURPHY		
RES. LT P. RUGGIANO		
E. PELLAND		
D. FORTIN		
W. DRAPER JR.		
T. RUSSO		
D. BAZZLE		
R. PAQUET		

VEHICLE	STATION	ON SCENE
	CAPT. C. SALISBURY	
	LT. F. BURISE	
	W. ROY	
	D. HOUDE	
	T. PERNA	
	H. DARBY	
	P. TREMENTOZZI	
	W. DRAPER	

REMARKS: AUTO FULLY INVOLVED. WC77, 70-71 THUNDERBIRD. CAR LOCATED IN SMITHFIELD. 1/8 MILE UP FROM DUMP. HANDLED FIRE UNTILL SMITHFIELD CAME ON SCENE.

B. Ida Giulis
SIGNED BY:

CAPT. J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 478 N. P. File # 1175

Date: 11/20/74 (MONTH / DAY / YEAR)

Time alarm received 7:51 P M Number of miles traveled 5

Time back in service 8:18 P M

Time back at station 8:30 P M

Alarm received by: Box # _____ Phone XX Other _____ (Describe)

Location of alarm: (Street and Number) 2167 MINERAL SPRING AVE.

Cause of fire AUTO ACCIDENT

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	XX ☒ Rescue or emergency
☐ Fire in dwelling	XX ☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		AUTO ACCIDENT

	EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide	100'	Booster 1"		Aerial	
	Dry Chemical		1½ Inch Hose		Over 35 Feet	
	Foam		2½ Inch Hose		Under 35 Feet	
	Pump Cans		3 Inch Hose		SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used	
	Other (Describe)				Other Equipment	
				3	HANDLIGHTS	

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: 10

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) #1. Ladder(s) _____ Rescue(s) _____ Car: _____

Other companies responding: _____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT.J. MURPHY		
E. PELLAND		
D. HOUDE		
W. DRAPER JR.		
T. RUSSO		
P. TREMENTOZZI		
S. COPPA		

VEHICLE	STATION	ON SCENE
CHIEF E. DI GIULIO	CAPT. C. SALISBURY	
B. DI GIULIO	RES. LT. P. RUGGIANO	
	W. ROY	
	T. PERNA	
	D. BAZZLE	
	H. DARBY	
	R. PAQUET	
	W. DRAPER	

REMARKS: PARKED CAR J377, PINTO RUNABOUT. CHERLY DUNN OF 98 VANDER* WATER ST. PROV. R.I. HIT IN REAR END SPLITTING GAS TANK. WASH DOWN GASOLINE. R.I. NS769 CHEVY WHO HIT CAR FOUND ON THOMAS ST. OWNER UNKNOWN.

B Di Giulio
SIGNED BY:

CAPT. J. MURPHY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 479 N. P. File # 1176

Date: 11/22/74
MONTH DAY YEAR

Time alarm received 1:37 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 1:47 P M

Alarm received by: Box # ____ Phone XX Other ____ (Describe)

Location of alarm: (Street and Number) CENTRAL AVE.

Cause of fire OVERHEATED TAR BARREL

Description of building or occupancy: JAMES L. McGUIRE SCHOOL

Owner of building or occupancy: TOWN OF NORTH PROVIDENCE

Owner's address: 2008 SMITH ST.

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	XX Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
XX Miscellaneous fires (describe) TAR BARREL		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
1	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #7, 1. Ladder(s) #1. Rescue(s) ____ Car: #1.

Other companies responding: ____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
CAPT. C. SALISBURY	LT. E. DI GIULIO	
RES. LT. P. RUGGIANO	J. MOLLO	
E. PELLAND	D. BAZZLE	
B. DI GIULIO	R. PAQUET	

VEHICLE	STATION	ON SCENE

REMARKS: TAR BARREL OVERHEATED. ROOFING WORKS REPAIRING ROOF.
L.G. DESORMIER ROOFING
LINCOLIN, R.I.

B. Di Giulio
SIGNED BY:

B. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 480 N. P. File # 1178

Date: 1 11/25/74
MONTH DAY YEAR

Time alarm received 11:07 A M Number of miles traveled 2

Time back in service ____ M

Time back at station 11:22 A M

Alarm received by: Box # ____ Phone XX Other ____ (Describe)

Location of alarm: (Street and Number) SMITH ST (FRONT OF INDUSTRIAL BANK)

Cause of fire AUTO ACCIDENT

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	XX ☐ Rescue or emergency
☐ Fire in dwelling	XX ☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		AUTO ACCIDENT

	EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose		SALVAGE COVERS
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #1. Ladder(s) ____ Rescue(s) #3. Car: ____

Other companies responding: ____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
lt. e. di giulio		
RES. LT. P. RUGGIANO		
D. BAZZLE		
J. MOLLO		

VEHICLE	STATION	ON SCENE
CAPT. C. SALISBURY	B. DI GIULIO	
N. PHELAND		
L. CALISE		
F. ROTELLA		
W. DRAPER		

REMARKS: ASSITED RES.#3. PERSON HAD A WHIP LASH. 2 TRUCKS &1CAR SLIGHT DAMAGE.

SISTO MOSCO 22 STELLA DR. NO. PROV. TRANSPORTED TO ROGER WILLIAMS HOSPT.

B. Di Giulio
SIGNED BY:

LT. E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 481 N. P. File # 1183

Date: 11/26/74
MONTH DAY YEAR

Time alarm received 4:32 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 4:36 P M

Alarm received by: Box # ____ Phone XX Other ____ (Describe)

Location of alarm: (Street and Number) 6 WASHAKIE AVE.

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: MRS ALICE WOODBINE

Owner's address: SAME

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	XX ☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
XX ☐ Miscellaneous fires (describe) GAS STOVE		

	EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose		SALVAGE COVERS
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment
				1	SPANNER WRENCH

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): NEW FLASHER FOR RED LIGHTS INSTALLED.

Companies responding: ____

Engines(s) #7,1. Ladder(s) #1. Rescue(s) ____ Car: #1/

Other companies responding: ____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
LT. E. DI GIULIO	J. MOLLO	
E. PELLAND	D. BAZZLE	
B. DI GIULIO	P. TREMENTOZZI	
	L. CALISE	

VEHICLE	STATION	ON SCENE
CAPT. C. SALISBURY	T.PERNA	
W. ROY		

REMARKS: SON TRIED TO LIGHT STOVE. FLASH FIRE. OUT ON ARRIAVEL. NO DANAGE. BOY SINGED HAIR,EYE BROWS. NO FRIST AID NEEDED. GAS COMP. CALLED.

B. Di Giulio
SIGNED BY:

LT. E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 482 N. P. File # 1186

Date: 11/28/74 (MONTH / DAY / YEAR)

Time alarm received 10:49 A M Number of miles traveled 2

Time back in service ____ M

Time back at station 10:55 A M

Alarm received by: Box # 6122 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) 100 MORGAN AVE.

Cause of fire CODE BLUE

Description of building or occupancy: GREYSTONE SCHOOL

Owner of building or occupancy: TOWN OF NORTH PROVIDENCE,

Owner's address: 2008 SMITH ST.

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	XX Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): REPLACED NEW BOLT, RIGHT SIDE FLOODLIGHT STANCHION

Companies responding: ____

Engines(s) ~~#~~ 1 Ladder(s) ____ Rescue(s) ____ Car: ____

Other companies responding: ____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO		
W. ROY		
D. FORTIN		
T. RUSSO		

VEHICLE	STATION	ON SCENE
CAPT. C. SALISBURY	CAPT. J. MURPHY	
	T. PERNA	
	N. PHELAND	
	P. TREMENTOZZI	

REMARKS: CODE BLUE.

E. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 483 N. P. File # 1188

Date: 11 (MONTH) 29 (DAY) 74 (YEAR)

Time alarm received 12:51 P M Number of miles traveled 0

Time back in service ____ M

Time back at station 1:02 P M

Alarm received by: Box # ____ Phone XX Other ____ (Describe)

Location of alarm: (Street and Number) 13 Mc GUIRE RD

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☒ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

	EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose		SALVAGE COVERS
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) ____ Ladder(s) 1 Rescue(s) ____ Car: ____

Other companies responding: ____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
	LT P. RUGGIANO	
	N. PHELAND	
	L. CALISE	
	B. DI GIULIO	

VEHICLE	STATION	ON SCENE
	CAPT C. SALISBURY	
	LT E. DI GIULIO	
	W. ROY	
	D. BAZZLE	
	P. TREMENTOZZI	
	J. MOLLO	
	W. DRAPER SR	

REMARKS: LOCK OUT

Lt E. Di Giulio
SIGNED BY:

RES. LT P. RUGGIANO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 484 N. P. File # 1189

Date: 11 (MONTH) 29 (DAY) 74 (YEAR)

Time alarm received 8:26 P M Number of miles traveled 2

Time back in service _____ M

Time back at station 8:30 P M

Alarm received by: Box # 153 Phone _____ Other _____ (Describe)

Location of alarm: (Street and Number) WOON. & CHANDLER

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	XX Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

	EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose		SALVAGE COVERS
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) 1, 6, 3 Ladder(s) 1 Rescue(s) 1 Car: _____

Other companies responding: _____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO	LT E. DI GIULIO	
W. ROY	LT P. RUGGIANO	
D. FORTIN	E. PELLAND	
W. DRAPER JR	C. HARRISON	
H. DARBY	A. CORSINI	
T. RUSSO	R. SALISBURY	

VEHICLE	STATION	ON SCENE
P. TREMENTOZZI		

REMARKS: CODE BLUE

SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

Primary Fire District Report

Company CENTREDALE Company Alarm # 485 N. P. File # 1194

Date: 11 (MONTH) 30 (DAY) 74 (YEAR)

Time alarm received 10:39 P M Number of miles traveled 1

Time back in service ____ M

Time back at station 10:54 P M

Alarm received by: Box # ____ Phone XX Other ____ (Describe)

Location of alarm: (Street and Number) 1911 SMITH ST

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☒ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☐ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED	
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose	/	Under 35 Feet
	Pump Cans		3 Inch Hose	SALVAGE COVERS	
1	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 1 Ladder(s) ____ Rescue(s) 1 Car: ____

Other companies responding: ____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
CHIEF E. DI GIULIO		
N. PHELAND		
J. MOLLO		

VEHICLE	STATION	ON SCENE
LT P. RUGGIANO	P. TREMENTOZZI	
T. RUSSO		
F. ROTELLA		

REMARKS: CAR ACCIDENT

TU 414 1962 CHEV.

Lt E. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NO. PROVIDENCE FIRE DEPARTMENT
– SECONDARY RESCUE REPORTS –

DATE: 11/30/74 TIME: ARRIVED 10:39 pm RETURNED 10:54 pm

NAME: JOHN GORE AGE: 50

ADDRESS: 18 PUTTMAN AVE ALARM BY: POLICE

LOCATION OF RESCUE 1911 SMITH ST N. PROV

EXAMINATION

SKULL * LACERATION

EYES * " " " OF EYE

EARS * OK

NOSE * LAC. ACROSS BRIDGE OF NOSE

MOUTH * OK

CHEST * OK

ABDOMEN * OK

UPPER EXTREMITIES * OK

LOWER EXTREMITIES * OK

POSITION OF PATIENT WHEN FOUND: SITTING IN FRONT SEAT OF CAR

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) YES

PATIENT TRANSPORTED TO: R.W.G.H. BY RES 1

IF PATIENT WAS NOT TRANSPORTED EXPLAIN:

* NORMAL – No visible signs of lacerations, abrasions, discoloration, swelling, bleeding or fractures. No complaints of pain.

REMARKS –– (List First Aid Given, If Any)

4X 4 GAUZE PADS PLUS ROLL GAUZE

SIGNED: Lt. P. M. Ruggiano OFFICER IN CHARGE: LT P. RUGGIANO

RESCUE CO. NO. E - 1

NORTH PROVIDENCE FIRE DEPARTMENT

Secondary Fire District Report

Company CENTREDALE Company Alarm # 486 N. P. File # 1195

Date: 11 (MONTH) 30 (DAY) 74 (YEAR)

Time alarm received 11:40 P M Number of miles traveled 3

Time back in service _____ M

Time back at station 11:50 P M

Alarm received by: Box # 514 Phone _____ Other _____ (Describe)

Location of alarm: (Street and Number) LYMAN & GREENVILLE

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

CLASSIFICATION OF ALARM	FIRE CODE	ALARM WITH NO FIRE
☐ Fire in building	☐ Code Red	☐ Rescue or emergency
☐ Fire in dwelling	☐ Code Yellow	☐ Water emergency
☐ Fire in brush or grass	☒ Code Blue	☐ Lockout
☐ Fire in rubbish		☐ Accidental alarms
☐ Fire in dump		☐ False alarm
☐ Fire in vehicle		☐ Miscellaneous alarm (describe)
☐ Miscellaneous fires (describe)		

	EXTINGUISHMENT USED		TYPE & FEET HOSE LINES USED		LADDERS USED
	Carbon Dioxide		Booster		Aerial
	Dry Chemical		1½ Inch Hose		Over 35 Feet
	Foam		2½ Inch Hose		Under 35 Feet
	Pump Cans		3 Inch Hose		SALVAGE COVERS
	Brooms		Other (Describe)		Number Used
	Other (Describe)				Other Equipment

APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) 6, 7 Ladder(s) 1 Rescue(s) _____ Car: _____

Other companies responding: _____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

ENGINE(S) #	LADDER(S) #	RESCUE #
	LT P. RUGGIANO	
	W. ROY	
	J. MOLLO	
	D. BAZZLE	
	N. PHELAND	
	P. TREMENTOZZI	

VEHICLE	STATION	ON SCENE
	CHIEF E. DI GIULIO	
	CAPT J. MURPHY	
	E. PELLAND	
	D. FORTIN	
	R. RATHIER	
	A. CORSINI	

REMARKS: CODE BLUE

Lt. P. Ruggiano
SIGNED BY:

W. ROY
PERSON IN CHG.